

R-TRANSIT APPLICATION FOR SERVICES



Connecting People to Places

SUBMIT

In Person or by Mail:

R-Transit Program
440 Civic Center Plaza
Richmond, CA 94804

Hours:

Monday – Friday
8:30 am – 5:00 pm
excluding weekends & Holidays

Phone: (510) 307-8026

E-mail: paratransitservices@ci.richmond.ca.us

Website: www.rtransit.com

REGISTER, RESERVE, RIDE & REACH YOUR DESTINATION WITH R-TRANSIT

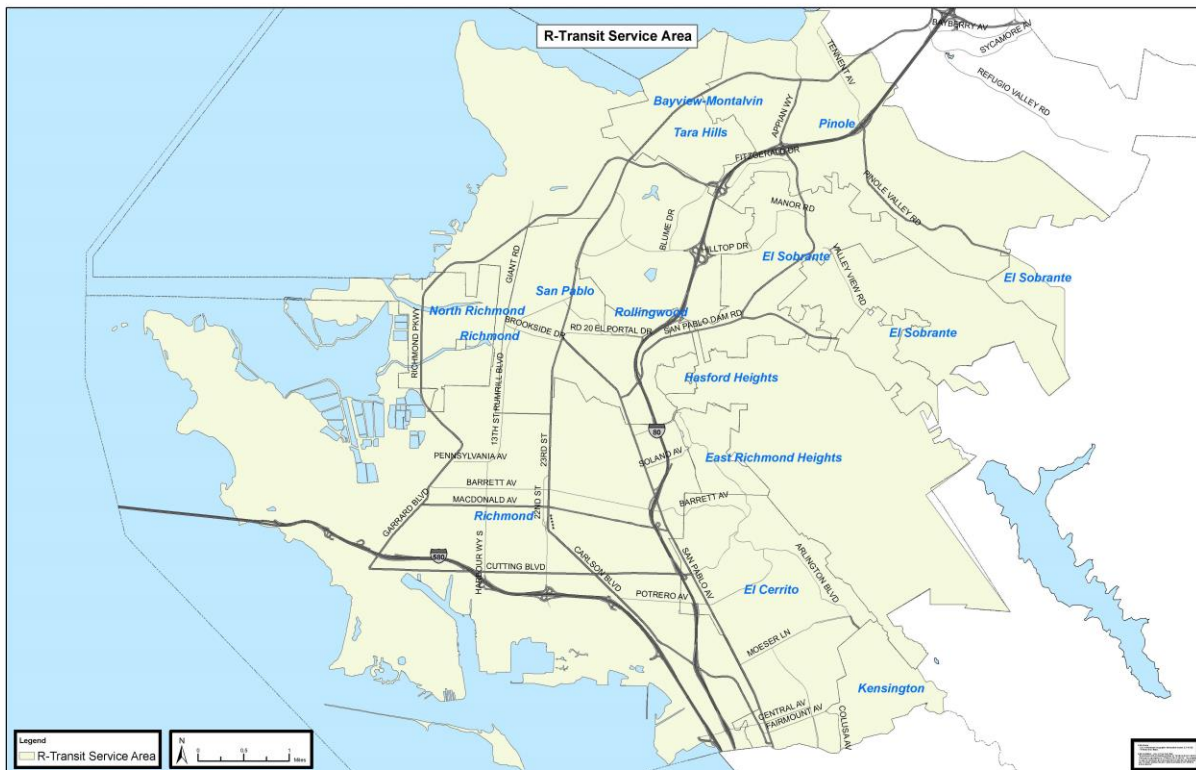
Dear Applicant,

Thank you for your interest in the R-Transit program. This application form will assist R-Transit in establishing your eligibility for services. To qualify for R-Transit service, applicants must meet the criteria below:

1. Applicant must be a resident of one of the following Cities/areas: Richmond, Kensington, El Sobrante, unincorporated communities of East Richmond Heights, Hasford Heights, Rollingwood, or North Richmond.
2. Applicants between the ages of 18-54 must provide proof of disability and meet the residency requirement; applicants ages 55 or older qualify as long as the residency requirement is satisfied.

Using the eligibility requirements established by R-Transit, you will either be certified eligible for all services, eligible on a temporary basis or denied eligibility altogether.

Once certified, you will be able to travel to destinations within our service area:



Upon receipt of a completed application form, supporting documents, your application will be processed within seven to ten business days. You will be notified by mail regarding your eligibility status. If eligible for service, you will receive an orientation guide with program details by mail.

You may complete the application yourself or obtain assistance from anyone familiar with you and your condition. Incomplete applications will be returned without being processed, so please be sure to complete yours in its entirety before submission. If no one is available to help you, and you would like our assistance, please contact R-Transit staff at (510) 307-8026.



R-TRANSIT
 440 Civic Center Plaza
 Richmond, CA 94804
 (510) 307-8026

APPLICATION FOR SERVICES

It is important to **complete all parts of this form** - type or please print legible.
Applications that are not complete or clearly written will be returned, which will delay the eligibility determination process.

DATE _____

NAME _____

TELEPHONE # _____

ADDRESS _____

BIRTHDATE ____/____/____
 MM DD YY

MALE FEMALE

SECTION I

VALID IDENTIFICATION & PROOF OF RESIDENCY

Please provide a color copy of an acceptable form of identification, and proof of residency:

Acceptable forms of Identification	Acceptable forms of Proof of residency
<p><i>Provide a color copy of one of the following:</i></p> <ul style="list-style-type: none"> • An identification card or driver's license issued by the California Department of Motor Vehicles. • An identification card or driver's license issued by another state. • Valid Passport or Passport Card. • U.S. Active Duty/Retiree/Reservist Military ID Card. • Richmond Municipal ID Card 	<p><i>Provide a copy of one of the following:</i></p> <ul style="list-style-type: none"> • Any piece of mail showing your name & address (i.e. utility bill) • Post Office (P.O. Box) addresses are not acceptable.

SECTION II

EMERGENCY CONTACT INFORMATION

Please provide a name and telephone number of a contact person in the event of an emergency.

NAME: _____

DAY PHONE :(____) _____

RELATIONSHIP: _____

EVE. PHONE :(____) _____

SECTION III

Please answer the following questions - your specific answers to the questions will help us in determining your eligibility

1. What is your disability or health related condition that prevents you from using public transportation?

2. Explain how your disability or health related condition prevents you from independently using the public transit services (BART, AC Transit...etc.)

3. How do you currently travel to your destinations? Check all that apply.
 Public Buses Someone Provides Transportation Drive Myself
 Paratransit Taxi Ferry
 BART Lyft/Uber Other
4. Do you use any of the following mobility aids or specialized equipment? Check all that apply.
 Cane Power Wheelchair Communication Board
 White Cane Large Power Wheelchair Service Animal
 Walker Power Scooter (3-wheeler) Crutches
 Leg Braces Manual Wheelchair Other Aid
5. If the passenger uses a wheelchair or scooter, does your residence have a ramp?
 Yes No
6. Does the wheelchair or scooter have a seatbelt?
 Yes No
7. If the passenger has a manual wheelchair, can it be folded?
 Yes No
8. Can the passenger transfer into a vehicle with minimal assistance?
 Yes No
9. Does a personal care attendant accompany you when you travel outside your home?
 Yes No
10. Have you recently applied for paratransit services with **EAST BAY PARATRANSIT**?
 Yes No
If yes, what is the status of your application?
 Pending Denied
11. Are you currently certified with **EAST BAY PARATRANSIT**?
 Yes No
12. Have you terminated your eligibility status with **EAST BAY PARATRANSIT**?
 Yes No
If yes, what is your reason for the termination? _____

SECTION IV

Check the applicable box below:

- I am age 55 or older. **Skip section below and proceed to Section V.**
- I am between the ages of 18-54. **Applicants between the ages of 18-54 must provide proof of disability. Submit a copy of one of the following:**
 - Medicare card, federally issued red, white and blue card;
 - California DMV Disabled Placard Registration Parking placard receipt;
 - Regional Transit Connection (RTC) Clipper Card;
 - Proof of certification with East Bay Paratransit;

If you are unable to provide any of the proofs listed above, you may complete the Authorization for Use or Disclosure of Patient Health Information below. This form authorizes R-TRANSIT to obtain information from your healthcare provider regarding your disability. This authorization form will be sent to healthcare provider along with a disability verification form.

AUTHORIZATION FOR USE OR DISCLOSURE OF PATIENT HEALTH INFORMATION			
I, _____, hereby authorize the following licensed professional (doctor, therapist, social worker, etc), who can verify my disability or health related condition, to release this information to R-Transit. This information will be used only to verify my eligibility for Paratransit services. I understand that I have the right to request a copy of this authorization, and that I may revoke it at any time.			
This authorizes the following Medical Center(s) to complete Disability Verification form:			
Medical Center: _____	Physician Fax #: _____		
Physician Name: _____	Physician Phone #: _____		
Address: _____			
Street Address	Suite	City, State	Zipcode
PATIENT INFORMATION			
Patient Name: _____		Patient Phone #: _____	
Medical Record #: _____		Date of Birth: _____	
Address: _____			
Street Address	Suite	City, State	Zipcode
MEDICAL CENTER MAY DISCLOSE THIS INFORMATION TO:			
Recipient Name: <u>R-TRANSIT</u>		Phone #: <u>510-307-8026</u>	Fax #: <u>510-307-8080</u>
Address: <u>440 Civic Center Plaza, Richmond CA 94804</u>			
DURATION: This authorization shall remain in effect for one year from the date of signature unless a different date is specified here: _____ Date: _____			
I certify that the information on this form is true and correct. I understand all information will be kept confidential and only information required to provide the service will be disclosed to those who perform the service. I understand that it will be necessary to contact a physician familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.			
_____		_____	_____
Print Name		Signature	Date

SECTION V

RAPID: ON DEMAND SERVICE WITH LYFT

The City of Richmond has contracted with Lyft to provide on demand transportation service for registered R-Transit clients. The R-Transit program’s newest addition, **RAPID**, will offer R-Transit clients a subsidy to use Lyft. Lyft is a ridesharing application that connects people with a nearby driver and transports them to their destination. Lyft is not a replacement for an ambulance, and should not be used as a means of emergency transport.

Lyft is best suited for those comfortable with boarding vehicles (including SUVs and vans) without driver assistance. Due to the nature of Lyft, drivers are not required to assist passengers in and out of the vehicle, assist with personal belongings, or walk passengers to their destination. Lyft's policy is that passengers who use wheelchairs that can safely and securely fit in the car's trunk or backseat without obstruction the driver's view will be accommodated by the Lyft driver. R-Transit clients who are able to fold and store their wheelchair on board without the assistance of drivers and able to transfer in and out of the vehicle independently or with the assistance of an accompanying assistance can use Lyft.

To use the RAPID, R-Transit clients will need a smart phone, and a credit/debit card. RAPID will allow R-Transit clients to receive a subsidy to use Lyft for a maximum of forty (40) one way trips per month. R-Transit clients will pay \$3.00 for each one-way trip within the service area and the City of Richmond will cover the remaining fare up to \$17.00 per one-way trip. If the total cost of the trip exceeds \$20.00, the client will be responsible for the overage. R-Transit's service area includes: Richmond, El Cerrito, North Richmond, Kensington, El Sobrante, San Pablo, and Pinole. RAPID will also expand service to and from the Regional Contra Costa Medical Center and Veterans Hospital in Martinez, CA.

1. Do you plan on using Lyft?
() Yes () No

If no, skip questions below and proceed to Section VII

2. Do you currently use or have you used a ride sharing service (Lyft, Uber, Go Go Grandparent, etc.)?
() Yes () No

If yes, which one? _____

3. Have you installed the Lyft app on your smart phone?
() Yes () No
If yes, the phone number associated with my Lyft app is: _____

If no, do you need assistance with installing the Lyft app on your smart phone?
() Yes () No

SECTION VI

WAIVER OF LIABILITY

I agree to unconditionally waive and release the City of Richmond / R-Transit program (collectively "City"), its officers, agents, employees and volunteers, from and against any claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participating in the *City of Richmond's R-Transit Program with Lyft (RAPID)*, that I, _____, my personal representatives, assigns, heirs and next of kin, may have for any loss, damage, or injury to person or property, whether caused by negligence or otherwise of the City. I certify that I am in good physical condition and able to participate in the above transportation services.

I agree to indemnify and hold harmless the City from and against any and all claims, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the City or its employees.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of California, and that if any portion thereof is held invalid, it is agreed that the remainder shall continue in full force and effect.

I certify that the enclosed information is true and correct to the best of my knowledge, and that this information will be used to determine my eligibility for the program. I acknowledge and understand that any misconduct (such as booking rides for someone other than myself [leading to instant account termination], frequent ride cancellations, having the driver wait for me to complete my activity, and/or use of the service in emergency situations) while using the *City of Richmond's R-Transit Program with Lyft (RAPID)* will lead to the termination/suspension of my account after three strikes.

I agree to accept all responsibility and/or fees for Lyft app user error if I choose to use the Lyft app on my own smart phone. I acknowledge and understand that all accidental charges will not be reimbursed.

I agree to abide by all rules and directions from staff, and to treat the people and facilities connected to the program with respect.

I have carefully read the foregoing release and waiver and know the contents thereof and have signed this release and waiver as my own free act.

Print Name: _____ (Last, First)

Signature: _____ Date: _____

SECTION VII

APPLICANT CERTIFICATION

I certify that the information in this application is true and correct. I understand that falsification of the information may result in denial of service. I understand all information will be kept confidential and only the information required to provide the services will be disclosed to those who perform the service

Applicant's Name (print)
Be sure to attach the following

color copy of Identification

Applicant's Signature

Date

proof of Residency

Disability proof or complete Section IV (*applicable to ages 18-54*)